

Cervical Cancer Task Force Regular Meeting

**December 6, 2014
Minutes**

Attending Task Force Members (7):

Dr. Amy Daniel, Dr. Jennifer Dillaha, Dr. Paul G. Greene, Dr. Cygnet Schroeder, Dr. Charity Fleming Smith, Kim Wilmot and Michelle Murtha (via phone conference)

Absent Task Force Members (5):

Dr. Nancy Andrews-Collins, Beth Ingram, Christy McCreight, Louise Scott and Dr. Renee Montgomery.

Arkansas Cancer Coalition (ACC):

Trena Mitchell

Arkansas Department of Health (ADH):

Vada Harrell

I. Call To Order:

Dr. Jennifer Dillaha, Task Force Chair, called the meeting to order at 4:30 p.m.

A. Welcome and Introductions:

Dr. Dillaha welcomed attendees and asked members and staff to introduce themselves.

Dr. Charity Fleming Smith attended her first CCTF meeting as a community member and introduced herself to the CCTF. Dr. Fleming Smith has been an advocate for cancer for the past three years.

B. Comments from the Public:

There were no comments from the public.

II. Review and Approval of Meeting Minutes from November 6, 2014:

Dr. Dillaha asked the taskforce to read over the minutes and made revisions and correction. Minutes were not approved because there was not a quorum.

III. Task Force Business:

A. Draft of the Arkansas Cancer Plan, Third Edition

Dr. Dillaha gave a brief overall about the purpose of the cervical cancer chapter. The Arkansas Cancer Coalition (ACC) requested input from the CCTF for Arkansas Cancer Plan, Third Edition Cervical Cancer Chapter. Dr. Dillaha and Dr. Andrews-

Collins utilized the suggestions and feedback for CCTF members from the November meeting and revised the cervical cancer chapter. Dr. Dillaha and Dr. Andrews-Collins focused on the objectives and strategies. CCTF made several suggestions to enhance the quality of the cervical cancer chapter.

CCTF Suggestions included:

- Remove jargon to simplify the language
- Dr. Greene suggested a goal that we have more direct control over such as increasing screening rates or vaccinations.
- Trena Mitchell mentioned that we can have more control over the objectives and strategies but the overall goal for all cancer chapters is to reduce death and incidence rates.
- Dr. Dillaha suggested that ACC add more background if needed to the chapter.
- Add a third bullet under the CDC recommendations that states that the recommendations are subject to change and add the CDC link and date for the recommendations. Trena Mitchell reminded the group the cancer plan will be distributed in a loose leaf binder and can be updated every year.
- Dr. Fleming Smith suggested explaining why the recommendations will change. Dr. Dillaha suggested adding language “These recommendations may change as new vaccines become available.”
- Dr. Greene suggested including the different pathways for cervical cancer screening under item B: Cervical Cancer Recommendations so that organization using the cancer plan can know the general recommended options. Members agreed to add a second bullet using the following language: “There are several screening pathways for women to follow based on their age, risk factors and previous screenings. Women are encouraged to ask their doctor at each visit what is the recommended screening pathway for them.” Add a sub-bullet listing the main pathways.
- The third bullet will state “The recommended frequency of screening is ever changing and the most up to date information can be found at the American Society of Cervical Cancer Prevention website <http://www.asccp.org>.”
- Dr. Greene suggested changing the first objective in the measures table from “promote and deliver cancer prevention with HPV vaccination” to “Increase the proportion of teens aged 13-17 who complete the 3 dose HPV vaccine series” so that the wording matches the objective under objectives and strategies.
- Comments were made to remove the words “a pap smear” and replace with “screening” in the second baseline box in the measure table.

- The following comments were made to the fourth objective in the measures table:
 - change “specialist” to “specialists”
 - change “early access to specialists” to “early access to cervical cancer treatment”
 - Add the word mortality to baseline and target
- Change objective 1 to “By 2020, increase the proportion of teens who complete the HPV vaccine series.”
- Change objective 1, strategy 4 to “Increase awareness regarding other HPV related diseases.”
- Change objective 4, strategy 1 to either:
 - a. “Develop resources for providers related to referrals and treatment” or
 - b. “Develop information resources for providers related to treatment referrals.”
- Change the wording “these systems” to “treatment” for objective 4, strategy 2.
- Dr. Greene suggested to create a strategy concerning case management for objective 3 as well as objective 4.
- For objective 3, strategy 1, create a similar strategy as objective 4, strategy 1 as listed above. Also add a strategy to promote patient navigation for follow up treatment.
- Move objective 4, strategy 4 under general strategies.
- Dr. Greene suggested adding information on sexual activity, tobacco use and diet to the background section under prevention, rather than a general strategy.
- Dr. Greene suggested to try and make general strategy 4 multiple objectives, or refer readers to the appropriate section of the cancer plan where they are already an objective.
- Dr. Dillaha will put together language on tobacco use and HIV/STD’s such as unsafe sexual practices.

IV. Scheduling of Next Task Force Meeting

Dr. Dillaha set the next meeting for 4:30 p.m. on January 8, 2015 at the American Cancer Society. At that meeting, the Task Force will also make a decision about its meeting schedule for 2015.

V. Closing

Dr. Dillaha closed the formal meeting at 6:00 p.m.